

INSTRUCTIONS

1. This form can be completed online and then printed for your signature.
2. This capability requires the free Acrobat Forms Filler be installed.
3. This form can also be printed then completed with a typewriter or pen.
4. The form and the required documents should be mailed to the address on the form.
5. **PRIORITY MAIL** or **OVER NIGHT** services require a delivery address:

Emergency Medical Services
570 West Woodrow Wilson
Jackson, MS 39216

EMT CERTIFICATION CHECKLIST (ALL LEVELS)

1. **Enclose a \$15.00 money order or business check.** Personal checks are **NOT** accepted.
2. **Attach a copy of your current National Registry Wallet Card**
3. **Enclose a current picture:**
 - Must be less than three (3) months old
 - The maximum picture dimension is 1" x 1¼ "
 - Picture must be in color
 - Must be front bust style
 - No hats, caps, sweat bands, sunglasses, etc., may be worn
 - Previously laminated picture **NOT** accepted
 - Applicants may have picture made free of charge by the Division of Emergency Medical Services. Please contact DEMS regarding appropriate time for photos to be made.
4. **SIGN your application**
5. **Enclose a Jurisdictional Medical Control Agreement**

EMS DRIVER CERTIFICATION CHECKLIST

1. **Enclose a \$15.00 money order or business check.** Personal checks **NOT** accepted.
2. **Attach a copy of your Driver Training Certificate**
3. **Attach a copy of your State Drivers License.**
4. **SIGN your application.**

APPLICATION FOR MISSISSIPPI STATE CERTIFICATION

Applying for: (check one only in each category)

☐ New Certification
☐ Re-certification

☐ EMT-Basic
☐ EMT-Intermediate
☐ EMT-Paramedic

Complete and mail to:

Division of Emergency Medical Services
Mississippi State Department of Health
P.O. Box 1700, Jackson, MS 39215 -1700
Phone (601)576-7380

Social Security Number: _____

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

(street) (city) (state) (zip code) (county)
Phone: _____ Date of Birth: _____ Sex: Male ☐ Female ☐

Education: GED/High School College 1 2 3 4 5 6 (circle highest grade completed)

Mississippi Driver's License Number: _____ Expiration Date: _____

I am/will be engaged as an _____ at _____ whose address is:
(EMT-B, I, P or Driver) (name of primary employer for this certification)

(street) (city) (state) (zip code) (county) (phone)

I am/will be employed (per this level certification) Full Time ☐ Part Time ☐ Volunteer ☐

National Registry EMT Registration Number: _____ Expiration Date: _____

Have you been convicted of a felony since receiving your latest National Registry card? Yes ☐ No ☐

COMPLETE THIS SECTION ONLY IF ORIGINAL CERTIFICATION

My training was completed at: (name of school) _____

In the city and state of : _____ on the following date: _____

The lead instructor was: _____ The Medical Director was (EMT-I/P only) _____

I am/have been certified in other state(s) as follows: _____

Candidate's Statement and Signature (attesting to the above)

I hereby affirm and declare that the above information is true and correct and that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation of state certification.

SIGNATURE of Applicant: _____ Date: _____

For Official Use Only - EMT and Driver Certification		Date Received
Driver Course _____	Expiration of Certification _____	
EMT Level _____	J. M. C. _____	
Approval for Certification _____	Date Reciprocity Sent _____	

Comments: _____